



WAHPETON TAXICAB LICENSE

1900 4th Street North · PO Box 490 · Wahpeton, ND 58074 · Phone 701-642-8448 · Fax 701-642-1428

License application fee must accompany your application. Only one application fee is required from the same applicant.

LICENSES SHALL BE FOR A PERIOD OF ONE YEAR, COMMENCING JANUARY 1 AND ENDING DECEMBER 31.
FEES ARE TO BE PAID NO LATER THAN DECEMBER 1 OF THE YEAR PRECEDING THE RENEWAL YEAR.

License may not be sold, transferred or assigned except by the City Council.

The undersigned applicant states that the following information is true and correct. **PLEASE TYPE OR PRINT.**

License Application Fee: Taxicab \$50.00

Name of Applicant _____

Mailing Address _____
Street City State Zip

Phone Number _____ Email _____

Name of Partnership, Corporation: _____

Mailing Address _____
Street City State Zip

Phone Number _____ Email _____

If application is for a renewal, give date applicant first began to operate the vehicle _____

Are you a taxpayer in good standing in the City of Wahpeton or indebted to the City in any other fashion (circle one)?

Yes No

What rates will be charged: Taxi Cabs \$ _____ per mile.

The following information is required for all drivers (use separate pages if needed):

Name: _____ Social Security # _____

Address: _____
Street City State Zip

ND Driver's License No. _____ Date of Birth _____

Are you over the age of 21 (circle one)? Yes No

Are you a citizen of the United States? _____ If naturalized, what year? _____

How long have you been a resident of North Dakota? _____

Have you ever had a license rejected by any municipality, state or federal authority (circle one)? Yes No

If yes, explain _____

Owner of Vehicle Must Complete the Following for Each Vehicle (use separate pages if needed):

Make & Year of Vehicle _____ Passenger carrying capacity _____

Length of time vehicle has been in use _____ North Dakota License Plate Number _____

Serial Number _____ Engine Number _____

Is vehicle financed? _____ If so, by whom? _____

Amount of loan \$ _____ Is vehicle leased, licensed or under a form of contract? _____

Name of legal certificate title holder of the motor vehicle _____

What person, firm, or corporation collects the revenues from the operation of said vehicle? _____

Who pays vehicle's expenses? _____

Proof of liability insurance (minimum), as described in City Ordinance (Property Damage in the amount of \$25,000, Death and Personal Injury of not less than \$100,000 and \$300,000 if more than one person) has to be deposited with the License Officer. Applicant will provide within 15 days of Notice of cancellation of Insurance to License Officer by registered mail.

THE APPLICANT HEREBY AGREES TO ABIDE BY THE PROVISIONS OF THE ORDINANCES SECTION 22-451 to 484, ARTICLE XI UNDER WHICH THIS LICENSE OR PERMIT IS TO BE GRANTED, OR OTHER ORDINANCES OF THE CITY OF WAHPETON WHICH GOVERN THE LIMITATIONS OF THE LICENSE OR PERMIT. APPLICANT FURTHER AGREES TO RELEASE ANY INFORMATION REQUIRED TO THE CITY OF WAHPETON TO COMPLETE A CRIMINAL BACKGROUND CHECK.

IT IS HEREBY EXPRESSLY UNDERSTOOD THAT THE CITY OF WAHPETON WILL NOT BE LIABLE FOR REFUNDS OR REBATES OF ANY PART OR PORTION OF THE LICENSE FEE PAID IN ANY CASE WHATSOEVER. THE APPLICANT HEREBY AGREES TO CONFORM TO THE PROVISIONS OF THE LAWS OF THE STATE OF NORTH DAKOTA; THE CITY OF WAHPETON ASSUMES NO RESPONSIBILITY WHATSOEVER IN CASES WHERE THE EQUIPMENT OR APPARATUS OF THE LICENSE IS IN VIOLATION OF STATE LAW AND SEIZURE OR CONFISCATION OR REMOVAL IS ORDERED BY OTHER LAW ENFORCEMENT AGENCIES.

Applicants Signature	Date	Title

State of _____)

County of _____)

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public:

(Seal)

My commission expires on:

(FOR CITY USE ONLY)	
Date Application Received _____	Date License Granted _____
Fee Received \$ _____	License Number _____
Date/Reason for denial _____	